10/07/2002



OFFICE OF THE CITY TREASURER

REQUEST FOR ADDRESS CHANGE 200 E. WELLS ST. – ROOM 103 MILWAUKEE, WI 53202

DIRECT ANY QUESTIONS ON THIS FORM TO CUSTOMER SERVICES: PHONE: (414) 286-2240 • FAX: (414) 286-3186 • TTY: (414) 286-2025

Request for Change of the Address Used for the Mailing of Installment and Delinquent Tax Bills

This form is to be used for changing the mailing address to which your installment tax bills, or in the case of a delinquent tax account, your delinquent tax bills, and all tax payment receipts are mailed. Your request must be **renewed annually** if the name or mailing address is different from what is on the assessment roll, which is used to create the combined property tax bill mailed out in December each year. The combined property tax bill mailed out in December always reflects the information as last recorded with the Milwaukee County Register of Deeds Office.

If the name or address change you are requesting is to be permanent, you must contact the City Assessor's Office at 414-286-3651.

TAX KEY/ACCOUNT NO.:		
PROPERTY ADDRESS:		
NAME LINE 1:		
NAME LINE 2:		
NAME LINE 3:		
MAILING ADDRESS LINE 1:		
MAILING ADDRESS LINE 2:		
CITY:	STATE: ZIP CODE:	-
DAY TIME TELEPHONE NO	.:	
REQUESTED BY:		
	PRINT NAME LEGIBLY	
SIGNATURE:	DATE:	
	SIGNATURE REQUIRED	

PRINT THIS FORM OUT, FILL IT IN COMPLETELY, SIGN AND DATE IT, AND MAIL IT TO THE ADDRESS NOTED AT THE TOP OF THE FORM.